Eprinomectin

sc-204740

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME
Eprinomectin

STATEMENT OF HAZARDOUS NATURE

NFPA

SUPPLIER
Company: Santa Cruz Biotechnology, Inc.
Address:
2145 Delaware Ave
Santa Cruz, CA 95060
Telephone: 800.457.3801 or 831.457.3800
Emergency Tel: CHEMWATCH: From within the US and Canada: 877-715-9305
Emergency Tel: From outside the US and Canada: +800 2436 2255 (1-800-CHEMCALL) or call +613 9573 3112

PRODUCT USE
★ Dangerous POISON. Available ONLY for industrial and manufacturing purposes. To be used by or in accordance with directions of accredited pest control officers. Operators to be trained in procedures for safe use of material. Antiparasitic. Eprinomectin is a mixture of semisynthetic avermectins (B1a and B1b) A member of the so-called "avermectin family", a group of macrocyclic lactones produced by Streptomyces avermitilis. Acts by stimulating the releases of gamma-butyric acid (GABA), an inhibitory neurotransmitter, thus causing paralysis.

SYNONYMS
"(4(R)-4''-epi-(acetylamino)-4''-deoxyavermectin B1", MK-397, "avermectin macrolide insecticide/ acaricide/ antiparasitic"

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flammability</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Toxicity</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Body Contact</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Reactivity</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Chronic</td>
<td>2</td>
<td></td>
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</tbody>
</table>
CHRONIC HEALTH EFFECTS

There have been several reports of acute human exposure incidents with abamectin containing formulations. Abamectin is a mixture of avermectins. Clinical symptoms of severe abamectin intoxication include mydriasis, sedation, emesis, tremors, convulsions, coma and death. One successful suicide attempt was reported (estimated lethal doses 3.6 to 4.5 grams of abamectin).

Systemic reactions in humans may include fever, rash and lymph-node pain or swelling. Ocular reactions have been minimal. In monkeys, emesis occurred following a single oral dosage of 2 mg/kg; mydriasis was seen at 24 mg/kg indicating a dose-response curve is flatter in monkeys than in rodents.

Macrolides comprise a large group of antibiotics derived from Streptomyces spp. having in common a macrocyclic lactone ring to which one or more sugars are attached. They are all weak bases. The most common side effect produced by the family of macrolide antibiotics is gastrointestinal discomfort. Supra-infections may occur although these are rare. Several macrolides produced allergic sensitisation but, again, these are rare. Symptoms include watery eyes, shortness of breath, nasal congestion, choking, coughing and wheezing. Allergic skin reactions have also occurred. Exposure to at least one member of the family, erythromycin, at high concentrations, has produced reversible deafness (ototoxicity). Systemic reactions including fever, rash, and lymph-node pain or swelling have been produced by the avermectin group. Ivermectin has produced ataxia (incoordination), lethargy, bradypnea (slow breathing), vomiting, mydriasis (dilated pupils), sedation, tremors and death in animals. The avermectin group (anthelmintics, insecticides and acaricides) mediate the transmission of gamma-butyric acid (GABA), an inhibitory neurotransmitter, in mammals thus causing paralysis. Hepatotoxic effects with transient disturbances and jaundice have resulted from the use of oleandomycin. Transient alterations in heart rate/ rhythm have also been produced by several members of the family (notably tilmicosin). Heart muscle degeneration, characterized by small areas of cell death have also been reported in animals exposed to tilmicosin. Cross-resistance is often observed between the macrolide, lincosamide and streptogramin group of antibiotics.

EYE

Although the material is not thought to be an irritant, direct contact with the eye may cause transient discomfort characterized by tearing or conjunctival redness (as with windburn). Slight abrasive damage may also result. The material may produce foreign body irritation in certain individuals.

SKIN

The material is not thought to be a skin irritant (as classified using animal models). Abrasive damage however, may result from prolonged exposures. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.

In rats and rabbits, dermal exposure to abamectin, under occluded conditions for 24 hours, at a dosage of 300 and 2000 mg/kg, respectively, produced tremors, ataxia, decreased activity, weight loss and death. Dermal penetration of abamectin in monkeys was determined to be less than 1% Abamectin did not show potential to produce skin sensitisation in the guinea pig maximisation test.

Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

Inhalation of dusts, generated by the material, during the course of normal handling, may produce severely toxic effects; these may be fatal.

The material is not thought to produce respiratory irritation (as classified using animal models). Nevertheless inhalation of dusts, or fume, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress.

Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

There were no deaths recorded in rats inhaling 5.73 mg/l abamectin (avermectins); the animals also exhibited normal behaviour and there were no changes in body weights.

CHRONIC HEALTH EFFECTS

Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. Long term exposure to high dust concentrations may cause changes in lung function i.e. pneumoconiosis; caused by particles less than 0.5 micron penetrating and remaining in the lung. Prime symptom is breathlessness; lung shadows show on X-ray.
Section 4 - FIRST AID MEASURES

SWALLOWED

- Give a slurry of activated charcoal in water to drink. NEVER GIVE AN UNCONSCIOUS PATIENT WATER TO DRINK.
- At least 3 tablespoons in a glass of water should be given.
- Although induction of vomiting may be recommended (IN CONSCIOUS PERSONS ONLY), such a first aid measure is dissuaded because of the risk of aspiration of stomach contents. (i) It is better to take the patient to a doctor who can decide on the necessity and method of emptying the stomach. (ii) Special circumstances may however exist; these include non-availability of charcoal and the ready availability of the doctor.

NOTE: If vomiting is induced, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. NOTE: Wear protective gloves when inducing vomiting.

REFER FOR MEDICAL ATTENTION WITHOUT DELAY.

In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.

If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided. Further action will be the responsibility of the medical specialist.

If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS.

EYE

- If this product comes in contact with the eyes:
  - Immediately hold eyelids apart and flush the eye continuously with running water.
  - Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
  - Continue flushing until advised to stop by the Poisons Information Center or a doctor, or for at least 15 minutes.
  - Transport to hospital or doctor without delay.
  - Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

- If skin contact occurs:
  - Immediately remove all contaminated clothing, including footwear.
  - Flush skin and hair with running water (and soap if available).
  - Seek medical attention in event of irritation.

INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained.
- Perform CPR if necessary.
- Transport to hospital, or doctor, without delay.

NOTES TO PHYSICIAN

- Treat symptomatically.
  - For abamectin (avermectins): Toxicity following accidental ingestion may be minimised by emesis-induction within one half hour of exposure. Since abamectin is thought to bind to glutamate-gated chloride ion channels, it is probably wise to avoid drugs that also interact with other ligand-gated chloride channels, including those that enhance GABA activity in patients with potentially toxic abamectin exposure.
  - Avoid drugs that enhance GABA activity (barbiturate, benzodiazepines, valproic acid, etc.).
  - for poisons (where specific treatment regime is absent):

  BASIC TREATMENT

  - Establish a patent airway with suction where necessary.
  - Watch for signs of respiratory insufficiency and assist ventilation as necessary.
  - Administer oxygen by non-rebreather mask at 10 to 15 l/min.
  - Monitor and treat, where necessary, for pulmonary edema.
  - Monitor and treat, where necessary, for shock.
  - Anticipate seizures.
  - DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

ADVANCED TREATMENT
● Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
● Positive-pressure ventilation using a bag-valve mask might be of use.
● Monitor and treat, where necessary, for arrhythmias.
● Start an IV D5W TKO. If signs of hypovolemia are present use lactated Ringers solution. Fluid overload might create complications.
● Drug therapy should be considered for pulmonary edema.
● Hypotension with signs of hypovolemia requires the cautious administration of fluids. Fluid overload might create complications.
● Treat seizures with diazepam.
● Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.
EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE; 2nd Ed. 1994.

<table>
<thead>
<tr>
<th>Section 5 - FIRE FIGHTING MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vapour Pressure (mmHG): Negligible</td>
</tr>
<tr>
<td>Upper Explosive Limit (%): Not available</td>
</tr>
<tr>
<td>Specific Gravity (water=1): Not available</td>
</tr>
<tr>
<td>Lower Explosive Limit (%): Not available</td>
</tr>
</tbody>
</table>

**EXTINGUISHING MEDIA**
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.
- Water spray or fog - Large fires only.

**FIRE FIGHTING**
- Alert Emergency Responders and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Use fire fighting procedures suitable for surrounding area.
- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

**GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS**
- Combustible solid which burns but propagates flame with difficulty.
- Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.
- Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO2), nitrogen oxides (NOx), other pyrolysis products typical of burning organic material.
May emit poisonous fumes.

**FIRE INCOMPATIBILITY**
- Avoid contamination with oxidizing agents i.e. nitrates, oxidizing acids, chlorine bleaches, pool chlorine etc. as ignition may result.

**PERSONAL PROTECTION**
- Glasses: Chemical goggles.
- Gloves:
- Respirator: Particulate

<table>
<thead>
<tr>
<th>Section 6 - ACCIDENTAL RELEASE MEASURES</th>
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</thead>
<tbody>
<tr>
<td>MINOR SPILLS</td>
</tr>
</tbody>
</table>
- Clean up waste regularly and abnormal spills immediately.
- Avoid breathing dust and contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.
Vacuum up or sweep up. NOTE: Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use).
- Dampen with water to prevent dusting before sweeping.
- Place in suitable containers for disposal.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Emergency Responders and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labeled containers for recycling.
- Neutralize/decontaminate residue.
- Collect solid residues and seal in labeled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

PROTECTIVE ACTIONS FOR SPILL

WARNING
MAY DECOMPOSE EXPLOSIVELY AT HIGH TEMPERATURES.


From IERG (Canada/Australia)

<table>
<thead>
<tr>
<th>Isolation Distance</th>
<th>25 meters</th>
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</thead>
<tbody>
<tr>
<td>Downwind Protection Distance</td>
<td>250 meters</td>
</tr>
</tbody>
</table>

FOOTNOTES

1 PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance.

2 PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/or incurring serious or irreversible health effects.

3 INITIAL ISOLATION ZONE is determined as an area, including upwind of the incident, within which a high probability of localised wind reversal may expose nearly all persons without appropriate protection to life-threatening concentrations of the material.

4 SMALL SPILLS involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerican or box with inner containers). Larger packages leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered “small spills”. LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a “one-tonne” compressed gas cylinder.


6 IERG information is derived from CANUTEC - Transport Canada.

ACUTE EXPOSURE GUIDELINE LEVELS (AEGL) (in ppm)

AEGL 1: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience notable discomfort, irritation, or certain asymptomatic nonsensory effects. However, the effects are not disabling and are transient and reversible upon cessation of exposure.

AEGL 2: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience irreversible or other serious, long-lasting adverse health effects or an impaired ability to escape.

AEGL 3: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience life-threatening health effects or death.
Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately.
- Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
- Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.
- DO NOT cut, drill, grind or weld such containers.
- In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.

RECOMMENDED STORAGE METHODS
- Lined metal can, Lined metal pail/drum
- Plastic pail
- Polyliner drum
- Packing as recommended by manufacturer.
- Check all containers are clearly labeled and free from leaks.

For low viscosity materials
- Drums and jerricans must be of the non-removable head type.
- Where a can is to be used as an inner package, the can must have a screwed enclosure.

For materials with a viscosity of at least 2680 cSt (23 deg. C) and solids (between 15 C deg. and 40 deg C.):
- Removable head packaging;
- Cans with friction closures and low pressure tubes and cartridges may be used.
- Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages *. - In addition, where inner packagings are glass and contain liquids of packing group I and II there must be sufficient inert absorbent to absorb any spillage *. - * unless the outer packaging is a close fitting molded plastic box and the substances are not incompatible with the plastic. All inner and sole packagings for substances that have been assigned to Packaging Groups I or II on the basis of inhalation toxicity criteria, must be hermetically sealed.

STORAGE REQUIREMENTS
- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuffs containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS

| + | X | + | X | X | + |

X: Must not be stored together
O: May be stored together with specific precautions
+: May be stored together
EXPOSURE CONTROLS
The following materials had no OELs on our records

- eprinomectin: CAS:123997-26-2
- eprinomectin B1a: CAS:133305-88-1
- eprinomectin B1b: CAS:133305-89-2

MATERIAL DATA
EPRINOMECTIN B1A:
EPRINOMECTIN B1B:
EPRINOMECTIN:
- For abamectin (avermectins)
  CEL TWA: 0.04 mg/m3 [Manufacturer]

The acceptable daily intake (ADI) of 0.4 mg/day was derived using an NOAEL of 0.25 mg/kg/day from oral toxicity studies in dogs, adjusting for body weight (50 kg) and by applying a composite uncertainty factor of 30 to account for interindividual variability, interspecies extrapolation and the severity of the critical endpoint (neurotoxicity). The recommended exposure standard and a wipe test criteria of 0.4 mg/100 cm2 were derived using the ADI.

PERSONAL PROTECTION
Consult your EHS staff for recommendations

EYE
- Safety glasses with side shields
- Chemical goggles.
- Contact lenses pose a special hazard; soft lenses may absorb irritants and all lenses concentrate them.

HANDS/FEET
- Wear chemical protective gloves, eg. PVC.
- Wear safety footwear or safety gumboots, eg. Rubber.
- Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: such as:
  - frequency and duration of contact,
  - chemical resistance of glove material,
  - glove thickness and
  - dexterity
- Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739).
- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374) is recommended.
- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374) is recommended.
- Contaminated gloves should be replaced.
- Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

OTHER
- Overalls.
- Eyewash unit.
- Barrier cream.
- Skin cleansing cream.

RESPIRATOR
- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory . These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Use approved positive flow mask if significant quantities of dust becomes airborne.
Try to avoid creating dust conditions.

**RESPIRATOR**

<table>
<thead>
<tr>
<th>Protection Factor</th>
<th>Half-Face Respirator</th>
<th>Full-Face Respirator</th>
<th>Powered Air Respirator</th>
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</thead>
<tbody>
<tr>
<td>10 x PEL</td>
<td>Air-line*</td>
<td>-</td>
<td>PAPR-P1</td>
</tr>
<tr>
<td>50 x PEL</td>
<td>Air-line**</td>
<td>P2</td>
<td>PAPR-P2</td>
</tr>
<tr>
<td>100 x PEL</td>
<td>-</td>
<td>P3</td>
<td>-</td>
</tr>
<tr>
<td>100+ x PEL</td>
<td>-</td>
<td>Air-line*</td>
<td>-</td>
</tr>
</tbody>
</table>

* - Negative pressure demand ** - Continuous flow

Explanation of Respirator Codes:
- Class 1 low to medium absorption capacity filters.
- Class 2 medium absorption capacity filters.
- Class 3 high absorption capacity filters.

PAPR Powered Air Purifying Respirator (positive pressure) cartridge.

Type A for use against certain organic gases and vapors.

Type AX for use against low boiling point organic compounds (less than 65°C).

Type B for use against certain inorganic gases and other acid gases and vapors.

Type E for use against sulfur dioxide and other acid gases and vapors.

Type K for use against ammonia and organic ammonia derivatives

Class P1 intended for use against mechanically generated particulates of sizes most commonly encountered in industry, e.g. asbestos, silica.

Class P2 intended for use against both mechanically and thermally generated particulates, e.g. metal fume.

Class P3 intended for use against all particulates containing highly toxic materials, e.g. beryllium.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

Use appropriate NIOSH-certified respirator based on informed professional judgement. In conditions where no reasonable estimate of exposure can be made, assume the exposure is in a concentration IDLH and use NIOSH-certified full face pressure demand SCBA with a minimum service life of 30 minutes, or a combination full facepiece pressure demand SAR with auxiliary self-contained air supply. Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

**ENGINEERING CONTROLS**

- Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.
- Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace.
- If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered. Such protection might consist of:
  - (a): particle dust respirators, if necessary, combined with an absorption cartridge;
  - (b): filter respirators with absorption cartridge or canister of the right type;
  - (c): fresh-air hoods or masks
- Build-up of electrostatic charge on the dust particle, may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to efficiently remove the contaminant.

**Type of Contaminant:**

<table>
<thead>
<tr>
<th>Air Speed:</th>
</tr>
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<tbody>
<tr>
<td>direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)</td>
</tr>
<tr>
<td>grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion)</td>
</tr>
</tbody>
</table>

Within each range the appropriate value depends on:

- **Lower end of the range**
  - Room air currents minimal or favorable to capture
  - Contaminants of low toxicity or of nuisance value only
  - Intermittent, low production.
  - Large hood or large air mass in motion
- **Upper end of the range**
  - Disturbing room air currents
  - Contaminants of high toxicity
  - High production, heavy use
  - Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 4-10 m/s (800-2000 f/min) for extraction of crusher dusts generated 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

**Section 9 - PHYSICAL AND CHEMICAL PROPERTIES**
PHYSICAL PROPERTIES
Solid.
Does not mix with water.

<table>
<thead>
<tr>
<th>Property</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>Divided solid</td>
</tr>
<tr>
<td>Melting Range (°F)</td>
<td>325.4-329.7</td>
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<tr>
<td>Boiling Range (°F)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Flash Point (°F)</td>
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</tr>
<tr>
<td>Decomposition Temp (°F)</td>
<td>Not available</td>
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<tr>
<td>Autoignition Temp (°F)</td>
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<tr>
<td>Upper Explosive Limit (%)</td>
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</tr>
<tr>
<td>Lower Explosive Limit (%)</td>
<td>Not available</td>
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<tr>
<td>Volatile Component (%vol)</td>
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<tr>
<td>Molecular Weight</td>
<td>Not applicable</td>
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<tr>
<td>Solubility in water (g/L)</td>
<td>Partly miscible</td>
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<tr>
<td>pH (1% solution)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>pH (as supplied)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Vapour Pressure (mmHG)</td>
<td>Negligible</td>
</tr>
<tr>
<td>Specific Gravity (water=1)</td>
<td>Not available</td>
</tr>
<tr>
<td>Relative Vapor Density (air=1)</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

APPEARANCE
Crystalline solid; does not mix well with water.

log Kow 4 (abamectin)

<table>
<thead>
<tr>
<th>Material</th>
<th>Value</th>
</tr>
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</table>

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerization will not occur.

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidizing agents.

For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

EPRINOMECTIN

TOXICITY AND IRRITATION

EPRINOMECTIN B1B:
EPRINOMECTIN B1A:

- unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.
- For avermectins:
  - Technical avermectin exhibits high mammalian acute toxicity. It is not considered to be mutagenic and does not sensitise skin. It is not readily absorbed by mammals and the majority of the residue is excreted in the faeces within 2 days. The 24-month rat chronic feeding/oncogenicity study and 94-week mouse chronic toxicity oncogenicity study were negative for oncogenic potential. The results of a series of developmental toxicity studies (rat, rabbit, mouse) have been evaluated and showed that avermectin B1 produces developmental toxicity (cleft palate) in the CF1 mouse. Toxicology data were also evaluated for the delta-8,9-isomer of avermectin B1 which is a plant photodegradate that can range between 50 and 20 percent of the residue on/in cottonseed. This isomer possesses avermectin-like toxicological activity. It was concluded that the delta 8,9-isomer also produces developmental toxicity (cleft palate) in mice, but not in rats. In addition to avermectin and its delta 8,9-isomer, toxicology data were also evaluated for the "polar degradates" of avermectin, which constitute a large percentage (up to 70%) of the total residue on cottonseed. Review of the toxicology data indicated that these polar degradates do not possess avermectin-like toxicological activity and for this reason need not be included in the tolerance expression for residues in/on cottonseed.

Abamectin (a mixture of avermectin isomers) is a reproductive toxin in laboratory animals at doses which are acutely toxic to the mother. In development toxicity studies with abamectin, cleft palates were seen in mice and rabbits and clubbing of the forepaws was seen in rabbits. The no-observed-adverse-effect-level (NOAEL) for maternal and developmental toxicity in rabbits was 1 mg/kg/day. In CF-1 mice, a strain recognised to be particularly sensitive to avermectins, the NOAEL for maternal toxicity was 0.05 mg/kg/day and the NOAEL for malformations was 0.2 mg/kg/day. Studies show that the sensitivity of a subpopulation of CF-1 mice to avermectins is due to the absence of a transmembrane P-glycoprotein, a significant component of the blood-brain interface that normally acts as a non-selective protective barrier in a wide range of species including humans. CF-1 mice are therefore an unlikely candidate for assessing human risk. No evidence of developmental toxicity was seen in oral studies in rats in the absence of maternal toxicity (NOAEL = 1.6 mg/kg/day). In a rat multigenerational reproduction study, pup toxicity and deaths were seen at 0.4 mg/kg/day (NOAEL = 0.12 mg/kg/day). Neonatal rats are not an appropriate model for assessing human risk in humans because (a) rat milk has a greater fat content than human breast milk and abamectin concentrates in fat; (b) on a weight basis, the neonatal rat consumes significantly greater quantities of milk than the newborn human and (c) the blood brain barrier in rodents is formed post-natally (as evidenced by low P-glycoprotein levels) while in humans this membrane is formed pre-natally.

Ivermectin, a close structural analogue, has been used extensively in the treatment of human onchocerciasis at an oral therapeutic dose of 0.2 mg/kg, without serious drug-related effects. Despite its wide usage in animals and humans, ivermectin does not appear to produce birth defects.
Abamectin is non-mutagenic in the Ames test and the micronucleus test. Dietary carcinogenicity studies in mice and rats showed negative results. In a 14-week oral study in monkeys no effects were seen at 0.2, 0.5 or 1.0 mg/kg/day; emesis was seen at 2.0 mg/kg/day; delayed pupillary obstruction at 6 and 8 mg/kg/day and mydriasis at 12 mg/kg/day. In chronic oral toxicity, abamectin produced decreased body weight gain in mice (no-observed-adverse-effect-level (NOAEL) = 1.5 mg/kg/day); tremors in rats (NOAEL = 1.5 mg/kg/day), weight loss, tremors, mydriasis, liver and gall bladder changes and death in dogs (NOAEL = 0.25 mg/kg/day); and emesis, mydriasis and sedation in monkeys (NOAEL = 1 mg/kg/day).

For avermectins:

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**TOXICITY**

**IRRITATION**

**EPRINOMECTIN B1A:**

| Oral (rat) LD50: | 55 mg/kg * | Nil Reported |
| Oral (mouse) LD50: | 24 mg/kg | Nil Reported |
| Oral (mouse) LD50: | 70 mg/kg * |

* Merial MSDS

**EPRINOMECTIN B1B:**

* No significant acute toxicological data identified in literature search.

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**Section 12 - ECOLOGICAL INFORMATION**

Refer to data for ingredients, which follows:

**EPRINOMECTIN B1A:**

EPRINOMECTIN B1B:

**EPRINOMECTIN:**

* DO NOT discharge into sewer or waterways.

* For avermectin: log Kow 4 (abamectin)

Environmental fate:

Avermectin undergoes rapid photolysis, is readily degraded by soil microorganisms and, due to its binding properties and low water solubility, is expected to exhibit little or no potential for leaching. Both aquatic and terrestrial studies confirm the rapid degradation of abamectin (a mixture of avermectins) in the environment and its lack of accumulation and persistence. Abamectin is not degraded by sewage treatment organisms nor does it affect them.

Abamectin does not bioconcentrate in fish and is not taken up from soil into plants. Bioaccumulation does not occur

Avermectin is stable to hydrolysis at pH 5, 7, and 9 and thus is not expected to hydrolyse in the environment. It photodegrades rapidly in water and soil with half-lives of less than 12 hours and 1 day respectively.

Avermectin hydrolyses rapidly in water when exposed to strong light and is metabolised in the soil (half-life 20-47 days).

Soil metabolism studies conducted in darkness indicate degradation of avermectin does occur with a half-life of 2 weeks to 2 months under
aerobic conditions. Anaerobic degradation is slower. It is not expected to accumulate in fish. Avermectin's solubility in water is determined to be 7.8 ppb. The field dissipation study indicates that avermectin, when applied in the bait formulation directly to the soil, dissipates with a half-life of about a week but may persist longer if the bait is shaded. Due to its binding properties and low water solubility, avermectin is expected to exhibit little or no potential for leaching. However avermectin has shown conflicting results in soil thin-layer chromatographic (TLC) (immobile) and soil column studies.

Abamectin binds tightly to soil (Koc >4000)

Polar degradates of avermectins are largely unidentified, but are thought to be non-toxic

Ecotoxicity:

Bird Acute oral LD50: bobwhite quail >2000 mg/kg; LC50 3102 ppm
Bird Dietary LC50: mallard duck 383 ppm
Fish LC50: bluegill 9.6 ppb; rainbow trout 3.2 ppb; fathead minnow 15 ppb
Daphnia LC50 0.22 ppb
Mysid shrimp LC50: 0.02 ppb

Avermectin is extremely toxic to mammals and aquatic invertebrates and highly toxic to fish and bees. Avermectin is relatively non-toxic to birds. Based upon terrestrial residue analysis, aquatic runoff modeling and cluster analysis it appears that certain endangered species may be impacted by the use of avermectin on cotton.

For abamectin (mixture of avermectins)

Bird Acute oral LD50: 84.6 mg/kg; bobwhite quail >2000 mg/kg
Bird Dietary LC50 (8 days): bobwhite quail 3.1 mg/kg
Fish LC50 (96 h): for rainbow trout 3.2 ug/l; bluegill sunfish 9.6 ug/l; channel catfish 24 ug/l; carp 42 ug/l
Daphnia EC50 (48 h): 0.34 ppb
Other aquatic spp: LC50 (96 h) for pink shrimp 1.6 ppb; mysid shrimp 0.022 ppb; blue crab 153 ppb.

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

Very toxic to aquatic organisms.

EPRINOMECTIN:

Marine Pollutant: Yes

EPRINOMECTIN B1A:

Marine Pollutant: Yes

Not biologically liphopilic (does not distribute in fatty tissues of animals).

Degrades rapidly in sunlight.

Ecotoxicity

Fish LC50 (96 h): rainbow trout 1.2 ppb
Daphnia LC50 (48 h): 0.45 ppb

EPRINOMECTIN B1B:

Marine Pollutant: Yes

Not biologically liphopilic (does not distribute in fatty tissues of animals).

Degrades rapidly in sunlight.

Section 13 - DISPOSAL CONSIDERATIONS

Disposal Instructions

All waste must be handled in accordance with local, state and federal regulations.

Do NOT allow wash water from cleaning equipment to enter drains. Collect all wash water for treatment before disposal.

Recycle wherever possible.

Consult manufacturer for recycling options or consult Waste Management Authority for disposal if no suitable treatment or disposal facility can be identified.

Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION
**Section 15 - REGULATORY INFORMATION**

**REGULATIONS**

Regulations for ingredients

No data for eprinomectin (CAS: , 123997-26-2)
No data for eprinomectin B1a (CAS: , 133305-88-1)
No data for eprinomectin B1b (CAS: , 133305-89-2)

**Section 16 - OTHER INFORMATION**

**LIMITED EVIDENCE**

- Skin contact may produce health damage*.
- Inhalation and/or ingestion may produce serious health damage*.
- Cumulative effects may result following exposure*.
* (limited evidence).

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For additional technical information please call our toxicology department on +800 CHEMCALL.

Classification of the mixture and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.
A list of reference resources used to assist the committee may be found at: www.chemwatch.net/references.

- The (M)SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

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